DOCUMENT RESUME

ED 289 819 SP 029 547

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TITLE The Impact of Death of a Loved One on the Cognitive Development of Young Children.
PUB DATE [87]
NOTE 24p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Childhood Attitudes; *Cognitive Development; *Death; Elementary Education; Elementary School Teachers; Emotional Response; *Psychological Needs; *Teacher Role; Teacher Student Relationship

ABSTRACT

This study analyses the problems facing classroom teachers who must cope with young children who have experienced the death of a parent, a sibling, or a close grandparent. A questionnaire was designed to secure information on the impact of the death of a loved one on the cognitive development of young children. Teachers were asked about the extent of their teacher training in helping children to understand and accept death, and whether or not they felt they possessed the necessary skills to help students who had suffered the death of a close family member. Data were collected from 98 elementary school teachers in Southwestern Louisiana. The data were summarized and analyzed to draw inferences for a solution to the problem of how to help students cope with death and grief without interrupting their cognitive development. (JD)

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THE IMPACT OF DEATH OF A LOVED ONE ON THE COGNITIVE DEVELOPMENT OF YOUNG CHILDREN

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The Impact of Death of a Loved One
on the Cognitive Development of Young Children

ABSTRACT

The topic of DEATH is a most difficult one four teachers to discuss with their students. According to Nina Rosenthal, "less than twenty percent (20%) of today's teachers have been trained to effectively deal with this subject in the classroom."

DEATH is a subject that people avoid like the plague. The average teacher feels uncomfortable with this discussion for several reasons. First, there is a lack of information or effective teaching strategies. Secondly, teachers may feel uncomfortable due to the controversial nature of difference in religious views about death. Parents are extremely sensitive concerning any religious beliefs expressed by teachers to their children. Consequently, teachers need to begin talking about DEATH and DYING as a part of life. When adults can face it in themselves, then they may be capable of helping children to cope with the situation.

Children will react differently to the death of a parent showing extremes ranging from a silent withdrawal and isolation behavior to wild, loud mourning. Children cannot yet differentiate between the wish and the deed. Therefore, having wished for their parents to die or go away, they would feel responsible for having killed that parent. They would feel much remorse and guilt, and would fear a gruesome punishment in retribution (Kuble-Ross, 1972).

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According to research one out of twenty children experience the loss of a parent before finishing elementary school and, inevitably, many face the death of a close friend or relative during childhood. Teachers should expose their students to the concept of DEATH before it happens.

Suzanne Ramos, author of TEACHING YOUR CHILD TO COPE WITH CRISIS, states the "sheltering a child is able to understand the notion of DEATH by age five or seven, but he or she uses the words "kill or dead" without truly understanding the reality of the term.

Review of Literature

The educators of the United States take pride in being knowledgable and aware of solutions to various problems that have a damaging influence on human's intellectual development. Numerous studies have been conducted on the life cycle. However, very few studies attempt to address the classroom teacher's role in explaining and examining the inevitable "death," a vital part of the complete life-cycle, to young children.

Why is the study of death and death education taboo in our society? Some researchers suggest that denying death in America is common because we are a youth oriented culture with highly specialized technology that can keep death far away as we strive for eternal life. Death Education: Attitudes of Teacher, School Board Members and Clergy (Beverly L. Croskery, 1979) states that "because of the taboo in discussing death, our society suffers from a self inflicted death-denying anxiety, and death education should be recognized as being important for improving the quality of life." Croskery's research, conducted in 1979, sought to ascertain to some degree, prevalent attitudes towards death education in the schools. She believes that teaching about death will improve the quality of life. Her recommendations are:

1. that universities expose teacher candidates to discussion and dialogue concerning death to increase awareness about death and all factors related to death.
2. that school systems be encouraged to offer inservice programs
3. that the communications media be encouraged to inform the public about the importance of death education

Understanding Children's Concerns About Death and Dying (Dan Knowles

and Harry Deeven, 1984) focuses on the meaning and feelings that children have about death. Their findings were developed from a series of workshops and consultations with teachers and parents. Nina Ribok Rosenthal (1984), proposed in her articles, Death Education and Help or Hurt, that "Teachers as well as their students should be prepared for dealing with death. Information, self-awareness, and communication skills are essential for death education."

Jean Piaget, the developmental psychologist who devoted his life to the study of cognition, has provided the most comprehensive and widely recognized description of cognitive development from infancy to adulthood. Even though most recent studies indicate that various cognitive abilities occur at earlier ages than Piaget believed, the stages of cognitive development he identified had not been successfully challenged by 1983. It is reasonable to expect that cognitions of death develop in the same way and follow the same principles as do other cognitions. Indeed, studies conducted in the United States and in Europe over a number of years confirm this (H. Wass, 1984). Children's concept of death develop essentially in four stages. However, as in other aspects of development, there are individual differences in the rate of development; that is, in the ages at which children reach these stages. These differences may be maturational, or they may reflect differences in life circumstances or experiences owing to environment, which, in turn, causes differences in experiences (Cason, 1984).

FIRST STAGE, INFANCY. Capacities of perception and perceptual differentiation are developed in this stage. Since there is no actual conceptualization, they are precursors of thinking.

Infants are capable of forming internal images, but these images are of objects found in the infant's immediate world, such as people, food, and toys (Wass, 1984).

SECOND STAGE, EARLY CHILDHOOD. The child knows he or she is a separate physical entity, but the orientation is self-centered; that is the child can only understand events from the narrow perspective of his or her own experiences. Of seventeen kinds of causality found in the child's reasoning at this stage, four are particularly relevant to our discussion: animistic, magical, artificialistic, and psychological (Wass Cason, 1984). Animistic thinking refers to the child's belief that the whole world and everything in it is alive. Life is attributed to sun, moon, clouds, rivers, stones, tricycles and cars. Magical causality implies that everyone can make everyone else do things, and that even objects have this kind of power. People and objects can give orders, yet they must also obey. With this kind of causal thinking there are no surprises, anything is possible. Mountains open when you tell them to, flowers talk, birds tell you secrets, princes turn into frogs and vice-versa. Artificialistic thinking is the belief that everything is manufactured for people's convenience. Daylight is turned on so people can see and babies are manufactured much like toys. This kind of reasoning explains why young children frequently assume that dead animals can be fixed up like toys and other objects. Psychological causality refers to the child's tendency to perceive a personal motive as the cause of certain events. For example, children believe that bad dreams are sent to them because they have been bad (Piaget, 1965). Thus the young

child's thinking differs in quality from that of adults. Even though the child knows and speaks the words "dead" or "died", he or she understands death as a reversible event, a temporary restriction, loss of mobility, sleep, or departure. Until the young child comes in direct contact with death - usually with the death of animals such as insects, worms, frogs, birds, etc. - death does not exist for that child. Even then death is puzzling. It does not fit in with the child's animistic thinking, and the child has no ready explanation for it. Many three and four year olds, when asked why things die, respond that they do not know. Others offer explanations such as these: "...because they eat too much candy"; "...because they go to jail"; "...because the nurse gives them a pill"; "...because the big bird comes..."; or "...just because." In our most recent study we asked, "What makes things die?" Typical responses from our older four and five year olds were these: "Guns, knives, and stuff";"they have a car wreck"; "an alligator (tiger,lion) eats them"; "they fall into a meat grinder"; or, "they eat poison or pill." About half the children said they didn't know. When asked, "What happens after someone has died?" Children at this stage give these kinds of responses: "They put them to bed." (And then?) "He wakes up in the morning." Or, "They fall down and can't get up." (And then?) "The police come and help them up." (And then?) "They eat." In our recent study, young children most often said, "They go to the hospital (doctor) and get fixed up." To the question, "When will you die?," these children matter-of-factly replied, "I don't die," or, "Never." When asked to explain further, they responded, "Because

I don't want to," or, "I don't have to." Children at this stage who have attended a funeral often believe that the buried dead have feelings, are asleep, want to eat, or want some air to breathe, and will come out again aware of the numbers and significance of these experiences (Corr, 1984). Our past inattention to the "small" losses of children has been a function, perhaps, of adults' self-protective attitudes. For to be aware of, and responsive to, a child's manner of expressing grief over the loss of a pet or other love object, one must often relive his own losses during childhood or later years.

Gilbert Kliman of the Center for Preventive Psychiatry describes a two-week survey in the Center's nursery school: "There were only sixteen children in this group, but within a two-week period the following events were recorded in the children's lives: a tonsillectomy, the injury of a relative in a car crash, sudden hospitalization of a sister in the middle of the night, a brother's operation, the death of a grandmother, a prolonged parental absence due to a two-month trip abroad, the death of a turtle, the death of a cat, and revelation to a child's family that an uncle had died during the preceding months. Several weeks later, an aunt died and a child's cousin had a hernia operation (both in the same family). Considering that only sixteen children were involved in this informal study, and that some events probably escaped the researcher's notice, there appears a rather high incidence level of life's crises. Yet it is probably not an unusual series. It is, after all, impressive to think of the number of aunts, uncles, cousins, grandparents, neighbors, friends, siblings, and classmates in one child's life."

It is likely that any nursery school, Head Start program, child care center or family with young children would find comparable incidents in an informal survey of the experiences of the children in their care. For professionals whose work brings them into daily contact with children under the age of five, loss and death have now become critical issues for exploration, since the ability to recognize and respond to the child's way of expressing grief and mourning may deeply influence his successful mastery of life's developmental tasks. Let us first elaborate on what may be typical experiences for many young children (Parness, 1986). Grief and mourning, terms long reserved to describe adult reactions to the death of a loved or significant figure, can now be considered appropriate descriptions of responses by infants, toddlers, and preschool children; for young children also experience loss and grief, and display mourning. Most significant within the wide range of such experiences is the loss of a mother through separtation or death. Failure to thrive, prolonged and delayed recuperation from infections, illness, and hospitalization have been identified as some of the most apparent physical results of deprivation caused by a child's prolonged separation from his or her mother.

John Bowlby's contributions in recognizing and understanding the young child's grieving response to disruption of the mother-infant tie have, perhaps more than any other works, compelled us to consider the manner in which the infant, toddler, and preschool child experience and express loss and grief. Bowlby's works deal primarily with the instinctive basis for human attachment, and with the disruptive effects of ill-timed, prolonged, and intrusive separations on the

developing child. It has become clear through his words that, beginning at approximately six to seven months, the infant experiences and mourns a particular kind of loss: separation from mother. Disruptive separations, both brief and extended, may be the earliest experiences of loss in a child's life, setting precedents for the form of his or her later responses to separation, loss and even death. Later childhood and adult reactions to losses of many kinds may be deeply influenced by the timing, frequency, and conditions of early separation and reunions (Estelle Parness, 1986).

STUDYING CHILDREN'S IDEAS ABOUT DEATH

Within the past decade, research probing children's understanding of and response to death has slowly begun to emerge. These studies come from two main sources: the hospitalized and sometimes dying child, and the healthy child in his natural environment. Some investigators have explained the limits of the child's understanding of the irreversibility of death as a function of his intellectual stage of development. Studies with dying children have mainly been conducted with verbal, school-age children. This research has consistently revealed themes of intense loneliness, anxiety and isolation in the children's responses; as well as far greater awareness than anticipated on the part of the children of the terminal nature of their illnesses. Healthy children within the same age group seem to be limited in their understanding of death as final; comprehension seems to begin at about the age of seven or eight.

Easson, in his work THE DYING CHILD, concludes that the dying preschool child, egocentric in his thinking and limited in his ability to formulate abstractions such as causality, time and finality, is

incapable of perceiving death as permanent. How then are we to explain the sometimes intense reactions of children under the age of five to separation, death and loss, or equally puzzling, their seeming absence of feeling? Are the children who display intense reactions in the examples given above behaving pathologically? Are children who seem to accept death matter-of-factly being "protected" by the limits of their chronological age and intellectual development? While research on preschoolers' cognitive development would lead us to believe that they cannot conceive of the finality of death, anecdotal accounts of the young child's responses to separation, loss, and death compel us to widen our exploration beyond the limits of a child's cognitive development. Anecdotal accounts provide us with success to another dimension of the experience of loss and death in the preschool child: his inner emotional life as revealed through his behavior and, particularly, his play and drawings.

A separated toddler may grieve and mourn, and display searching and longing with all the intensity of an adult mourning the death of a loved figure. Paradoxically, an older preschool child may appear to accept the news of the death of a parent impassively. The same toddler may greet the mother who is returning from a temporary separation with indifference and/or anger, while the preschooler may insist that the dead parent will be present for his next birthday.

While it is important to be aware of the unique manner in which young children perceive the world, some events may have greater power in the life of a child than others because of their significance for the child's survival. Thus, Bowlby has taken the issue of separation one critical step further: as the disruption of an instinctive tie

that a young child may perceive as threatening his very survival. Bowlby's works strongly suggest that child and adult patterns of mourning are fundamentally the same and represent an instinctive human need to be in contact with another whose presence may be experienced as, or actually represent, survival. Such a view of separation, loss and death, and the responses to them, places these experiences within a developmental framework, rather than outside ordinary human experience (deviant or pathological).

To move towards another person, particularly in times of stress, or to display intense anger, protest, yearning and searching at separation or in response to loss through death, are characteristic responses displayed by children and adults throughout the human lifespan. The developmental course of such patterns are naturally influenced by a child's cognitive development. However, unless we recognize the instinctive basis for the need for relatedness, we may be mystified by the intensity and paradoxical nature of responses to rupturesin relations. Such behavior becomes more comprehensible as an expression of the human organism's adaptive efforts toward survival and broadens the range of normalcy in responses accompanying these events (Parness, 1986).

HELPING YOUNG CHILDREN

Adults who are important in children's lives can help them only if they are prepared to explore their own attitudes and anxieties about separation, loss, and death. To the extent that adults are able to confront and explore their own perceptions and feelings on this issue (just as with sexuality, aggression, and tenderness), to that extent

will they function more appropriately with children. This suggests the need for opportunities for teachers, doctors, and nurses, as well as parents, to engage in such exploration. The loneliness and isolation of dying children referred to previously was particularly pronounced in settings where adult helpers engaged in denial both of their own feelings of helplessness, anger, and sadness and of the signals and cues coming from young patients expressing the same feelings.

Coinciding with such self-exploration are opportunities for preschool teachers to exploit the unique sensitivity they often display with the nonverbal cues children give, primarily through play. Play has long been recognized as an avenue to the child's perceptions, feelings and ideas about his world. The significance of play, through its function of enabling the young child to gain information about his world, assumes new proportions when viewed in the context of the child's response to loss and death. An alert, sensitive teacher will be able to see how a child's seemingly paradoxical and/or indifferent responses to such events are disguises to be shed in the comfort, familiarity and spontaneity of a play setting.

In exploring feelings with young children, we must allow ourselves to take cues from the child, since avoidance of, as well as approach to play materials, tells much about the child's concerns. Self-initiated play permits the child to develop his or her own theme and to describe his other understanding of the loss. It also allows him to set the limits he needs at that time. Encouraging such exploratory play implies an acceptance of the child's strong feelings, despite his cognitive limitations and apparent distortions or reality.

Purpose of the Study

While adults find the topic of death difficult to discuss among themselves, it is an even more sensitive one for the classroom teacher. Most teachers can expect to have students returning to their classrooms after losing a family member to death. Young children may not truly understand the reality of death, nor may be prepared for the ways in which the death of a parent, a sibling, or a close grandparent will change the family's life.

Teachers have a responsibility to help children to learn about Death and Dying. The child experiencing this trauma will need assistance in coping with his or her own feelings in order to avoid a significant interruption in cognitive development and ultimate harm later in life.

Method

This study was an analysis of the problems facing classroom teachers who must cope with students who have experienced the death of a parent, a sibling or a close grandparent. There was a specific effort to ascertain how many times a classroom teacher, in the course of a teaching career, could expect to face students grieving for the loss of a loved one. A questionnaire was designed to secure information on the impact of the death of a loved one on the cognitive development of young children. Teachers were asked about the extent of their teacher training in helping children to understand and accept death and whether or not they felt they possessed the necessary skills to help students who had suffered the death of a close family member.

Data was collected through a questionnaire sent to fifteen elementary school principals in five southwest Louisiana parishes for distribution to their teachers. Ninety-eight returned the survey forms. The data was summarized and analyzed to draw inferences for a solution to a problem which will arise for most teachers: how to help students cope with death and grief without interrupting their cognitive development.

Part I of the questionnaire was designed to elicit information on the extent of teacher preparation for dealing with students experiencing the death of a loved one. It also asked for the number of times, in the duration of a teaching career, a teacher could expect to have students who had recently experienced the death of a parent, a sibling or a close grandparent.

Part II of the questionnaire was a four-point Linkertype summation scale which consisted of four statements designed to determine the views of teachers on death education for potential teachers, school staff and parents.

Part III of the questionnaire presented in checklist form observable student behavior to ascertain the ways in which classroom behavior changes after the death of a close family member.

Part IV asked for demographic data from the teacher in order to enable the researcher to evaluate the information effectively.

Results

1) Have you attended any workshops or seminars on helping children to cope with the loss of a loved one? Yes___No___

Response	Number	Percentage
Yes	8	8
No	90	92
Total	98	100

Table 1, question 1 indicated the frequency of teacher attendance at workshops or seminars on helping children to cope with the death of a loved one. Ninety(92%) of the respondants had taken no seminars or workshops and eight (8%) indicated they had taken seminars on helping children to cope with death.

2) In the duration of your teaching experience, have you had a student in any of your classes who has experienced the death of a loved one (a parent, a sibling, or a close grandparent)? Yes___ No___

Response	Number	Percentage
Yes	84	85
No	14	15
Total	98	100

Table 2, question 2 shows, of the teachers who participated in the survey, the number which, at some point in their teaching career, had in a class a student who experienced the death of a loved one. Eighty-four (85%) indicated that they had had such students and fourteen (15%) indicated that this had not occurred.

3) Have you experienced any difficulty in the teacher/student relationship upon awareness of the situation? Yes___ No___ (Question 2 included directions to answer questions 3 and 4 only if the answer to number 2 was "Yes").

Response	Number	Percentage
Yes	20	24
No	64	76
Total	84	100

Eighty-four of the respondants answered "Yes" to question 2 and therefore replied to question 3. Table 3 indicates how many teachers experienced problems coping with teacher/student relationship. Sixty-four (76%) had no problem while twenty (24%) of the teachers did.

A) How many children?_____

(Directions told participants to answer A and B only if they gave a "Yes" answer to question 3)

Response	Number of Teachers	Total of Children	Percentage of Teachers
1	12	12	50
2	5	10	21
3	4	12	17
4	3	12	12
Total	24	46	100

Table 4, question 3-A indicates the number of children with whom the teacher experienced difficulty in the teacher/student relationship after awareness by the teacher of the student's situation. Although twenty survey participants answered "Yes" to question 3, there were twenty-three who replied to 3-A. Twelve teachers (50%) answered that one child had caused difficulty. Four (17.5%) said that two children presented problems. Four (17%) indicated three children and three (13%) indicated four for a total of forty-four children.

B) Approximate age of Child?_____

Sex of Child?_____

Age Range	Number of Children	Percentage
5 - 8	18	39
9 - 11	19	41
12 - 14	9	20
Total	46	100

Sex	Number	Percentage
Male	34	74
Female	12	26
Total	46	100

Table 5, question 3-B indicates the age and sex of the children who presented problems for the teacher in the teacher/student relationship. Eighteen (39%) of the children were between five to eight years old. Nineteen (41%) fell in the group nine to eleven years old. Nine (20%) of the children were in the age range of twelve to fourteen years old. Most of the forty-six children, thirty-four (74%) were male. Only twelve (26%) were female.

4) Have you experienced any problems in coping with your emotional feelings (i.e. hurt) for your students? Yes___No___

Response	Number	Percentage
Yes	20	24
No	64	76
Total	84	100

The respondants who answered "Yes" to question 2 were directed to reply to question 4. Table 6, question 4 indicates the teachers' opinions regarding their sympathetic feelings for their students who had experienced the death of a loved one. Twenty (24%) teachers had difficulty coping with their emotional feelings for the child. sixty-four (76%) did not experience problems coping with their feelings.

5) Do you feel your teacher preparation program has equipped you with the necessary skills to effectively help the student to adjust without interrupting his cognitive development? Yes___ No___

Response	Number	Percentage
Yes	28	34
No	54	66
Total	82	100

Table 7, question 5 indicates the opinions of the respondants on whether or not they had been properly prepared in their teacher education programs to effectively help students adjust to the death of a close family member without interrupting their cognitive development. Twenty-eight (34%) replied yes and fifty-four (66%) replied that they had not been equipped with the skills needed to help grieving students.

Tables 8 through 11 present a summary of the breakdown of responses to four questions related to the attitudes of teachers towards education about death for parents, teachers, and education majors.

6) Potential teachers should be required to take some training emphasizing the impact of death on young children.

Response	Number	Percentage
Strongly Agree	29	30
Agree	58	59
Disagree	11	11
Strongly Disagree	0	0
Total	98	100

Table 8, question 6 shows responses to the assertion that teachers ought to have training on the impact of death on children. Twenty-nine (30%) strongly agreed, fifty-eight (59%) agreed, eleven (11%) disagreed and none (0%) strongly disagreed.

7) Parent education about death is a necessary class for potential teachers.

Response	Number	Percentage
Strongly Agree	20	20
Agree	46	47
Disagree	31	32
Strongly Disagree	1	1
Total	98	100

Table 9, question 7 provides the responses of participants on the issue of preparation of teachers for parent education about death. Forty-six (47%) agreed with this. Twenty (20%) strongly agreed, thirty-one (32%) disagreed and one (1%) strongly disagreed.

8) Staff should be involved in the training or delivery services of coping with death.

Response	Number	Percentage
Strongly Agree	17	17
Agree	55	56
Disagree	26	27
Strongly Disagree	0	0
Total	98	100

Table 10, question 8 shows that of the responses to the statement, seventeen (17%) strongly agreed and fifty-five(56%) agreed. Twenty-six (27%) disagreed but none (0%) strongly disagreed.

9) Staff should be informed of strategies for helping the student cope with death.

Response	Number	Percentage
Strongly Agree	32	33
Agree	57	58
Disagree	9	9
Strongly Disagree	0	0
Total	98	100

Table 11, question 9 shows that of the ninety-eight responses, thirty-two (33%) strongly agree and fifty-seven (58%) agree that staff should be informed of strategies for helping students cope with death. Nine (9%) disagreed and none (0%) strongly disagreed with the statement.

1) Did the student's behavior change (It should be noted that those respondants who answered "Yes" to question 2 were asked to check the applicable item).

Response	Number	Percentage
a) Withdrawn	40	18
b) Aggressive	17	8
c) Failing Grades	26	12
d) Accident Prone	3	1
e) Emotional (cry easily)	34	15
f) Fearful	11	5
g) Daydreaming	31	14
h) Anxious/Depressed	19	8
i) Increased Absenteeism	10	4
j) Sign of Insecurity	33	15
Total	224	100

Table 12, Part III, question 1 shows that most of the seventy-one respondants checked more than one item. Forty (18%) indicated that children became withdrawn and seventeen (8%) showed that children became aggressive after the loss of a loved one. Twenty-six (12%) said that children received failing grades amd three (1%) became accident prone. Thirty-four (15%) of the children cried easily, eleven (5%) became fearful and thirty-one (14%) spent more time daydreaming. Nineteen (8%) were judged anxious/depressed Ten (4%) of the children had increased absenteeism and thirty-three (15%) showed signs of insecurity.

1) Non-Public School_____Public School

Response	Number	Percentage
Non-Public School	0	0
Public School	98	100
Total	98	100

Table 13, question 1 of part IV shows that all ninety-eight (100%) of the survey participants taught in public schools.

2) Grade Level Taught_____

Response	Number	Percentage
K - 3	42	43
4 - 8	39	40
All Levels	17	17
Total	98	100

Table 14, question 2 indicates that of the respondants, forty-two (43%) taught either kindergarten through third grade, and thirty-nine (40%) taught either fourth grade through eight grade. Seventeen teachers (17%) were special education teachers, speech therapist or the like.

3) Number of Years Teaching_____

Responses	Number	Percentage
0 - 3	15	15
4 - 10	24	25
11 - 20	36	37
21 plus	17	17
No answer	6	6
Total	100	100

Table 15, question 3 indicates that fifteen (15%) of the teachers who responded to the survey had from zero to three years of teaching experience. Twenty-four (25%) had between four to ten years of experience. Thirty-six (37%) had between eleven to twenty years of teaching. Seventeen (17%) had more than twenty years of experience and six (6%) chose not to answer.

4) Female____ Male____

Response	Number	Percentage
Female	83	85
Male	8	8
No Response	7	7
Total	98	100

Table 16, question 4 shows the gender of the teachers who responded to the survey. Eighty-three (85%) were female and eight(8%) were male. Seven (7%) persons did not reply to this question.

5) Black____White_____Other_____

Responses	Number	Percentage
Black	12	12
White	78	80
Other	0	0
No response	8	8
Total	98	100

Table 17, question 5 indicates that twelve (12%) of the participants were black and seventy-eight (80%) were white. No respondants maked the category for other race and eight (8%) gave no answer to this question.